

Att 34

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)	09/647007	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	9							
TOTAL DEP.	22	↓	↓	↓	↓	↓	↓	
TOTAL CLAIMS	31	↓	↓	↓	↓	↓	↓	